

THE CONNECTION

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MESSAGE FROM THE CHAIRMAN

Maryland's fiscal realities of 2003 have created a new set of challenges for the renal community and the Commission on Kidney Disease. The Commission staff has worked closely with the Department of Health and Mental Hygiene to limit budgetary cuts, which are destined not only for the Kidney Disease Program but many other beneficiary programs financed by the State's taxpayers. We are optimistic that the cuts which are likely to result from this year's legislative session will not fall too hard on Marylanders with kidney disease; however, we are well aware that many of these patients rely on the Kidney Disease Program to live with their disease. We

will continue to work with the appropriate State officials and the General Assembly to sustain as many of the essential benefits provided by the Kidney Disease Program as the State's budgetary shortfalls are likely to continue for some time to come.

On a positive note, I would like to invite you to browse the new Maryland Commission on Kidney Disease website www.mdckd.org. There you will find the recently amended Commission regulations, patient complaint forms, and links to several relevant sites for the renal community. The website's kick-off has been something we have all been waiting for! I hope you will find it to be an easily acces-



sible forum and focal point for those of us who live with or work in the area of kidney disease.

Fear not!! Spring is not far off. See you at the next Commission meeting.

-Jeffery Fink, M.D.



COMMISSION MEETINGS

The Commission on Kidney Disease will be meeting at the following dates in 2004:

January 29, 2004

April 29, 2004

July 29, 2004

October 28, 2004

The Commission meets at the Department of Health and Mental Hygiene, 4201 Patterson Avenue Baltimore, MD 21215. The Open Session of the meeting begins at 2:00pm and is open to the public. For further information regarding

these meetings, please contact the Commission office at (410) 764 4799.



COMMISSIONERS:

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COMMISSION NEWS

COMMISSION WEBSITE

Check out our website:

<http://www.mdckd.org> Find all the latest Commission information. The website includes information about the Commission, useful links, meeting dates, new facility information, complaint forms, regulations and past and current newsletters.

AMENDED REGULATIONS

The Maryland Commission on Kidney Disease regulations have been amended. Shortly, they will be coming out in print in a booklet format. Look for new and improved regulations as they have been also reorganized for simplification and clarification purposes. View them at the Commission website: www.mdckd.org.

CDC RECOMMENDATION

Alcohol Based Hand Rubs: The CDC is recommending the use of alcohol based hand rubs by health care personnel for patient care because they address some of the obstacles that health care professionals face when taking care of patients. These rubs take less time to use than traditional hand washing. The Commission endorses this practice.

CORRECTIVE ACTION PLANS (CAP)

Facilities who must submit CAPs are reminded that those plans are an agreement by the facility to correct any citations or deficiencies identified during the survey. These CAPs are not pieces of paper to file, rather a blueprint for the facility to follow in order to reach and maintain compliance. Facilities that are found in violation of repeated citations or deficiencies, and who are not following their submitted plans of correction will receive Governing Body citations, be subjected to additional surveys and may face disciplinary action from the Commission. The Commission is requiring CAPs to be submitted on a stan-

dard form. This form may be accessed via the Commission website (www.mdckd.org). A copy of this form will be included with the survey letter. This form includes a space for the facility's plan of correction, the date of implementation, ongoing compliance measures and the identity of the person/s responsible for ongoing compliance with Federal, State and Commission regulations.

CITATION FREE SURVEYS

The Commission **congratulates** the following facilities for citation free surveys in 2003:

Davita Mt. Washington
Davita Owings Mills
FMC LaPlata
Cromwell Center
GHC Baltimore Geriatric
GHC Dundalk
Porter Rosedale



Kudos to All responsible!

SOCIAL WORK SERVICES

Christopher Simon, LCSW

Increasing Social Work caseloads in Maryland's dialysis clinics have raised the concern that Social Workers are unable to provide essential services to their patients as mandated in Federal regulations (Conditions of Coverage for ESRD Facilities, CFR Part 405, Subpart U).

Members of the nephrology social work community have asked the Maryland Commission on Kidney Disease to examine the issue of social work staffing patterns and job responsibilities in dialysis clinics.

In response, the Commission:

- Convened a subcommittee comprised of members of the Commission and representatives from the Council of Nephrology Social Workers (Maryland and National Capital Area chapters); and,
- Directed the subcommittee to identify core social work services (outcome measures) that are important in providing quality patient care.

The subcommittee has identified five core

Social Work services and has undertaken a survey of Maryland's dialysis Social Workers to determine the extent to which these services are being provided.

Results of the survey will be presented at the Commission meeting in April 2004.

FACILITIES APPLYING FOR CERTIFICATION

GHC Cedar Lane
FMC Ft. Foote
DCA Bethesda
GHC N. Rolling Road
GHC Glen Burnie
Community Dialysis
Holy Cross at Woodmore

CLOSED FACILITIES

Chesapeake Kidney Center – Elkton
Chesapeake Kidney Center – Riverview
Chesapeake Kidney Center - Edgewood
GHC – St. Agnes
GHC-White Square PD

KIDNEY DISEASE PROGRAM OF MARYLAND

In order to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Kidney Disease Program of Maryland (KDP) is preparing to accept the HIPAA required standard formats and data content for electronic transactions. While providers are not required to submit claims to KDP electronically, once this electronic Claims Management System (eCMS) is in place, providers will be able to:

- Electronically verify patient eligibility,
- Check the status of a submitted claim – whether manually or electronically submitted,
- Submit claims electronically to facilitate more prompt processing and payment and,

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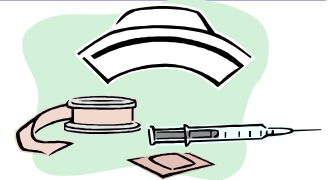
MESSAGE FROM THE BOARD OF NURSING

The Maryland Board of Nursing has been busy dealing with issues relative to the CNA-DT this past year. Following is an update on the frequently asked questions regarding the CNA-DT:

1. Dialysis Technician (DT) on the CNA certificate: The Board continues to work on this issue. The equipment necessary to do this as well as personnel time to complete this project is taking longer than first projected. The Board hopes that in FY 2004 this will be accomplished.
2. CNA-DT being permitted to administer intradermal Lidocaine: The one uniform CNA-DT training curriculum does permit the CNA-DT to administer the intradermal Lidocaine to the fistula site during

cannulization.

3. The three hour training required for the CNA-DT to renew: Any provider can make application to become a Board approved CNA-DT training program. It takes approximately eight hours or less to complete the training program application. Once the provider has been approved to become a CNA-DT training program, the provider can choose whether or not they will offer the CNA-DT initial training. By being a Board approved training program the provider is then authorized to offer the three hour staff development training required for the CNA-DT to renew their certification. In addition, Board approved CNA-DT training programs may offer the



3 hour staff development required for CNA-DT renewal to individuals who are not their employees. However prior to doing so, the CNA-DT must notify the Maryland Higher Education Commission (MHEC) of their intent. MHEC has a form available on their web page (entitled "Other Business Form" which must be completed by the training program provider prior to offering the three hour staff development training to employees of other providers.

Barbara Newman, RN
MBON, Director of Nursing Practice

IMPORTANCE OF WATER QUALITY MONITORING FOR HEMODIALYSIS

Roland C. Einhorn, M.D

The monitoring of water quality is extremely important in assuring the safe performance of dialysis at a hemodialysis facility. Since dialysis patients are exposed to extremely large volumes of water used for making dialysate and reprocessing dialyzers, they are susceptible to many illnesses caused by contaminants present in untreated or inadequately treated water. These water-borne contaminants, such as dissolved minerals, chloramines, bacteria, and endotoxins, may not be hazardous if the water is only used for drinking. However, when used for dialysis, relatively small concentrations of dissolved contaminants in dialysate water can rapidly enter the patient's bloodstream across the thin dialyzer membrane and lead to serious and possibly fatal complications. Additionally, due to renal failure, dialysis patients are unable to excrete any absorbed contaminants. Therefore, sophisticated water purification systems are required to safeguard dialysis patients from the hazards of untreated or municipally treated water.

The monitoring of water quality standards at a hemodialysis facility is an important responsibility of the Medical Director.

There must be documented policies and procedures in place at the facility to monitor and maintain the necessary water treatment equipment to provide water of sufficient purity for dialysis. Additionally, the Medical Director must provide general oversight regarding the periodic sampling of water used for dialysis. The monitoring of the concentrations of specific chemical and microbiological contaminants must also meet recommended AAMI standards.

Finally, there must be documented policies and procedures for the regular disinfection of both the water treatment and distribution systems to prevent bacteria from proliferating, colonizing, and forming protective biofilms which are difficult to sterilize. The frequency of disinfection and monitoring may vary at individual facilities however, monthly disinfection and monitoring of bacterial levels and endotoxin is recommended.

In conclusion, it is clear that "an ounce of prevention is worth a pound of cure" when patient safety is at stake. The same analogy can be made for the monitoring and treatment of water used for dialysis.

Constant vigilance by the Medical Director and facility staff is critical in avoiding patient morbidity and possible mortality resulting from water-borne contaminants.



Cont'd from page 2 KDP of MARYLAND

- Receive an electronic remittance advice to reconcile bills submitted.

The system will improve the Kidney Disease Program's efficiency by reducing the time needed to evaluate claims, allowing the Program to spend more time focusing on patient and program needs. This system is scheduled for implementation in May 2004.

For more information about how providers may be able to take advantage of the electronic communications service KDP will be providing, please refer to the website at :

<http://dhmh.state.md.us/eclaims/>.

Carol Manning, Acting Chief KDP

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WE'RE ON THE WEB

[HTTP://WWW.MDCKD.ORG](http://www.mdckd.org)

MARYLAND PATIENT ADVOCACY GROUP

The following text is submitted at the request of MPAG as informational material. Nothing in this article is to be construed as being endorsed, approved, or is the opinion of the Commission.

The Maryland Patient Advocacy Group (MPAG) is a group of volunteers that work tirelessly to assure Maryland's ESRD population access to care. MPAG operates voluntarily and without any public financial support, **and is not part of any State Government Agency.**

- Maryland Patient Advocacy Group's website is <http://www.kidneyadvocacy.50megs.com> has been included as a recommended site by the International Pediatric Nephrology Association, as well as many other national and international sites. It provides education and information on CKD and ESRD

as well as links to many other nephrology sites world wide.

- MPAG's "Access to Care for Adults/Children with CKD/ESRD" has been replicated for four additional states and is being circulated by the National Kidney Disease Education Program of NIDDK/NIH.
- At a meeting of the Department of Pediatric Nephrology at Johns Hopkins Hospital it was decided to work with MPAG to intimate a Pediatric Renal Advocacy Group. This group hopes to work with a pediatric nephrologist at the UMMS Maryland and Bobbie Bonhage of NKF to address issues facing pediatric renal patients.
- The Guaranteed Available Prescription Program (GAP), created by MPAG in cooperation with Northern Pharmacy now provide close to

800 KDP patients with continuous access to medication. This is the only program of this type in the nation.

- Renal Social Workers statewide participated in seminars this winter focusing on Maryland Medicaid and the Presumptive Eligibility Process providing Supplemental Security Income and Medicaid to ESRD patients. The seminar was hosted by MPAG.

